

## POLICY BULLETIN CHILD NUTRITION PROGRAMS

FDCH 03-08

January 27, 2008

**SUBJECT: Relative Care Providers – Modification of FDCH 02-08**

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This bulletin modifies FDCH 02-08. It has been determined that relative care requirements may be modeled after the Department of Workforce Services (DWS). Because of this, Relative Care Guidelines have been modified. Items that have been deleted are lined through below. In addition, a Relative Care Compliance Certification Form is attached and is noted in the addition of item 2k.

### Relative Care Guidelines

1. There will be only ONE expiration date and ONE qualifying start date.
2. The required elements to participate:
  - a. ~~Agreement with Sponsoring Organization (SO) which includes signed verification that provider has reviewed and agrees to comply by current Residential Certificate requirements, as set forth by the Utah Bureau of Child Care Licensing (for initial sign-up only)~~
  - b. ~~Annual Food Service inspection (conducted by local Health Dept.; when local Health Dept. inspection is unavailable, conducted by SO staff certified in HACCP, on form supplied by CNP)~~
  - c. **Annual BCI check for all residents of a household 18 years of age and older**
  - d. **Annual inspection conducted by the Sponsoring Organization (SO) (form supplied by CNP)**
  - e. ~~Local Fire Department inspection~~
  - f. ~~Current CPR certification~~
  - g. ~~Current First Aid certification~~
  - h. ~~Current Food Handler's Permit~~
  - i. **Completion of annual Food Program training, as required by sponsor**
  - j. ~~Completion of the CCR&R's Target Training class (for initial sign-up only)~~
  - k. **Completion of Relative Care Provider Compliance Certification Form.**
3. The Relative Care level of participation will follow current licensing child-to-provider ratios. A total of 8 slots are available counting the provider's own children less than 4 years of age. A maximum of 2 babies under the age of two will be allowed when 8 children are in care and a maximum of 3 babies will be allowed when 6 children are in care. There will be no Group Care level equivalency.
4. All day care participants must be related and, upon request, the provider must be able to show proof of relationship to the Sponsoring Organization. For purposes of qualifying under the

Relative Care option, the provider must be related to each child in care as one of the following: sibling or step-sibling 18 or over providing care for sibling(s) 12 or under from a separate household, aunt, uncle, grandparent, step-aunt, step-uncle, step-grandparent, great aunt, great uncle, or great grandparent.

5. Each item in #2 will be considered as a whole, not as individual items.
  - a. Once the completed packet has been received from a prospective provider, the expiration date will be assigned as the last day of the first claiming month. (For example, the packet is turned in on May 15. If the packet is complete, the start date will be set as May 15 of the current year, and the expiration date will be set as May 31 of the following year.)
  - ~~b. The expiration date will not be set by the individual items in #2, but by the completed application packet as a whole.~~
  - c. A renewing provider may submit a completed renewal packet any time before the renewal date and there will be no interruption in qualified participation. The original month and day of expiration will roll over to the following year.
  - d. If any portion of the renewal packet is received AFTER the expiration date, the provider will be ineligible to participate until a complete renewal packet is received and approved. The original expiration date will still be used and moved to the following year.
  - e. If renewal packet is more than 120 days late, then a renewal will not be sufficient, and the provider will need to complete a "new provider" packet, as outlined in #2 above.
6. If a provider moves, a new application for Relative Care approval ~~with completed Fire and Food Service inspections of the new residence~~ must be submitted. The other existing documentation will continue. The expiration date will remain the same as if the provider did not move. During the time between moving and completing and submitting the application and inspections the provider will not be eligible to participate on the CACFP.

**RELATIVE CARE PROVIDER COMPLIANCE CERTIFICATION FORM****SPONSOR IDENTIFICATION****COMPLETE ALL INFORMATION**

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street

City

State

Zip

Address where child care is provided: \_\_\_\_\_

Street

City

State

Zip

A relative care provider is someone who meets the definition of relationship, i.e. sibling or step-sibling 18 or over providing care for sibling(s) 12 or under from a separate household, aunt, uncle, grandparent, step-aunt, step-uncle, step-grandparent, great aunt, great uncle, or great grandparent.

List the name(s) of the child(ren) in your care, including your own, and the relationship to the child(ren). For example, niece, nephew, grandchild, sibling, etc. Circle yes or no to tell us if you live with the child(ren).

		Live with Provider	
Child name:	Relationship:	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No
Child name: _____	Relationship: _____	Yes	No

\_\_\_\_\_ I am related to the children I care for as defined above. I care for \_\_\_\_\_ child(ren).

**HEALTH AND SAFETY CERTIFICATION****YES NO**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. I am at least 18 years of age, and physically and mentally capable of providing care to children.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My home is equipped with hot and cold running water, toilet facilities and is clean and safe.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Outdoor areas are free from hazardous items which could cause injury to a child or adult.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There are working smoke detectors and fire extinguishers on all floors where care is provided.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Neither I nor individuals residing in my home have a conviction for a misdemeanor which is an offense against a person, or any felony conviction, or have been subject to a supported finding of child abuse or neglect from the Utah Department of Human Services, Division of Child and Family Services. I understand participation is subject to the results of a BCI check. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I will maintain a telephone in operating condition and have a list of emergency numbers available, including poison control.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I will maintain phone numbers and contact information for parents of children in care.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Food will be provided to children as required by the USDA Child and Adult Care Program (CACFP) regulations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Food supplies will be maintained to prevent spoilage or contamination.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. A statement from a medical authority will be obtained and kept on hand for any child who requires a diet modified from CACFP requirements.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Child(ren) in care will be immunized as required by the Utah Immunization Act.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Good hand washing practices will be maintained to discourage infection and contamination.  | <input type="checkbox"/> | <input type="checkbox"/> |

*I HEREBY CERTIFY that all of the information in this document is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that information may be verified; and that deliberate misrepresentation will subject me to prosecution under applicable state and federal criminal statutes (CFDA 10.558), including placement on the national serious deficiency data base which will bar me from participating with the federal food program for seven years (CACFP 226.16 (l)).*

Provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

The USDA is an equal opportunity provider.